

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th St. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

IA ETHICS AND

2011 JAN 13 PM 4:06

COMMITTEE NAME (Must be same as on Statement of Organization)

Kapucian for State Senate

IMPORTANT: Indicate by # type of committee you are reporting for: 1
(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Tim Kapucian

Political Party (if applicable)

Republican

Office Sought

Senate

District (if Senate or House)

20

FORM DR-2 (Rev. 07/2007)	DISCLOSURE REPORT
For Office Use Only	
Comm. # <u>1724</u>	
Logged in <u>✓</u>	
Scanned	
Computer	
Audited	

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Nancy K. Kucak
SIGNATURE OF PERSON FILING REPORT

319-442-3218
TELEPHONE

1-13-11
DATE SIGNED

I AM FILING A _____ REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
(report date) Indicate by # ☐

☒ CHECK IF AMENDMENT TO REPORT DATED 1-19-11

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 4,125.68

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

18,575.00

Schedule F: Loans Received total (Attach Schedule F)

—

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

—

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

\$ 22,700.68

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (*also see debts and loans below)

10,572.88

Schedule F: Loan Repayments total (Attach Schedule F)

10,000.00

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$ 2,127.80

**UNPAID BILLS (From Schedule D - Attach Schedule D)

\$ —

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$ —

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$ 3,000.00

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

Reset Form

SCHEDULE**A**

(Rev. 07/03)

**MONETARY
RECEIPTS**☐ CHECK THIS BOX IF
AMENDING FORM**COMMITTEE NAME** (Must be same as on Statement of Organization)Kapucian for State Senate

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
1-8-10	ID# CK# 1005	Beverly Yates 21767 Juniper Rd Underwood IA 51576		\$ 250.00	<input type="checkbox"/>
1-8-10	ID# CK# 5622	Richard Danner 2790 NE 54th Ave Ankeny IA 50021		100.00	<input type="checkbox"/>
1-8-10	ID# CK# 8349	Gene Gourley 1858 28th St Webster City IA 50595		100.00	<input type="checkbox"/>
1-8-10	ID# CK# 1039	Ryan Dohr 1729 11th St West Liberty IA 52776		250.00	<input type="checkbox"/>
1-8-10	ID# CK# 1461	Stacy Dohr 1148 Davis Ave West Liberty IA 52776		100.00	<input type="checkbox"/>
1-8-10	ID# CK# 2030	Haidi Vitteroe 7504 Quince Ave Washington IA 52353		75.00	<input type="checkbox"/>
1-8-10	ID# CK# 5615	Char Brennehan 1551 Lorch Ave Washington IA 52353		75.00	<input type="checkbox"/>
1-8-10	ID# CK# 10978	Nancy Eichelberger 208 West Depot Mayland IA 52654		250.00	<input type="checkbox"/>
1-8-10	ID# 9687 CK# 1156	Grinnell Motor & Reinsurance PAC 4215 Highway 146 Grinnell IA 50112		100.00	<input type="checkbox"/>
1-8-10	ID# 6058 CK# 4598	Iowa chiropractic Society PAC 1502 Gravel Ave Des Moines IA 50309		300.00	<input type="checkbox"/>
SUB-TOTAL				\$ 1150.00	
TOTAL (if last page of this schedule)				\$	

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Page 1 of 8
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

Reset Form

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)Keystone for Senate

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
1-8-10	ID# 9736 CK# 3160	Iowa's For a Skilled Workforce 707 E Locust St Des Moines IA 50309		\$ 750	<input type="checkbox"/>
5-19-10	ID# CK# 11026	Dean Franzzenburg 7213 15th Ave Keystone, IA 50249		25	<input type="checkbox"/>
6-16-10	ID# CK# 1781	Thomas Cope 8532 Newberry Ct Johnston IA 50131		50	<input type="checkbox"/>
6-16-10	ID# 6096 CK# 2208	Manufacturing Housing PAC 1400 Dean Ave Des Moines IA 50316		500	<input type="checkbox"/>
6-16-10	ID# CK# 2129	Michael Pfannenbcker 1410 Rosenkranz Dr Waukee IA 50263		50.00	<input type="checkbox"/>
6-16-10	ID# 6162 CK# 1497	Iowa Agribusiness Employees PAC 900 Des Moines St Des Moines IA 50309		350.00	<input type="checkbox"/>
6-24-10	ID# 6070 CK# 3985	Iowa Law PAC 625 East Court Ave Des Moines IA 50309		100.00	<input type="checkbox"/>
9-1-10	ID# CK# Cash	Eric Franzzenburg 6925 19th Ave Van Horn, IA 52346		50.00	<input checked="" type="checkbox"/>
9-1-10	ID# CK# Cash	Todd Wiley 5067 29th Ave Waukee IA		50.00	<input checked="" type="checkbox"/>
9-1-10	ID# CK# Cash	Darold Sindh 309 3rd Ave Keystone, IA 50249		50.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$1375.00	
TOTAL (If last page of this schedule)				\$1375.00	

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(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Kapucian for State Senate

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 58B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
9-1-10	ID# CK# 2607	Rick Claeys 6880 17 th Ave Keystone, IA 52349		\$ 50.00	<input checked="" type="checkbox"/>
9-1-10	ID# CK# 346	David Johnson 2384 65 th St Vinton, IA 52349		50.00	<input checked="" type="checkbox"/>
9-1-10	ID# CK# 7928	Jim Krug 7295 27 th Ave Newhall, IA 52305		75.00	<input checked="" type="checkbox"/>
9-1-10	ID# CK# 12850	Sharon Stiegelmeier 1903 56 th St Vinton, IA 52349		75.00	<input checked="" type="checkbox"/>
9-1-10	ID# CK# 1003	Wayne Siela 5758 22 nd Ave Dr Vinton, IA 52349		100.00	<input checked="" type="checkbox"/>
9-1-10	ID# CK# 2508	Ron Buch 7776 15 th Ave Dr Lezner, IA 52357		100.00	<input checked="" type="checkbox"/>
9-1-10	ID# CK# 7545	Howard Schoonover 5939 15 th Ave Garrison, IA 52329		50.00	<input checked="" type="checkbox"/>
9-1-10	ID# 8251 CK# 2343	Trin Pac 711 High St Des Moines, IA 50392		500.00	<input type="checkbox"/>
9-1-10	ID# CK# 5925	Kathleen Niedert 110 Andis Hudson, IA 50643		25.00	<input type="checkbox"/>
9-1-10	ID# CK# 4921	D. Michael Hibbs 1416 B Ave Vinton, IA 52349		100.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$1,125.00	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN
(including candidate's personal funds)

Reset Form

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Kavanaugh for State Senate

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9-1-10	ID# CK# 2735	Joe Brehm 6865 21st Ave Van Horn, IA 52346		\$ 50.00	<input checked="" type="checkbox"/>
9-1-10	ID# CK# 3582	Darwin Black 7727 16th Ave Luzerne, IA 52257		50.00	<input checked="" type="checkbox"/>
9-1-10	ID# CK# 1067	Dean Fisher 2859 C Ave Garwin, IA 50632		50.00	<input checked="" type="checkbox"/>
9-1-10	ID# CK# 1067	Patrice Smith 102 8th Ave Keystone, IA 52249		100.00	<input checked="" type="checkbox"/>
9-1-10	ID# CK# 5547	Marilyn Mayhew 305 N 9th Ave Vinton, IA 52349		50.00	<input checked="" type="checkbox"/>
9-1-10	ID# CK# 5966	Wayne Fritscher 7018 16th Ave Keystone, IA 52249		100.00	<input checked="" type="checkbox"/>
9-1-10	ID# CK# 1781	Linus Winter 107 Hall St Mt Auburn, IA 52313		75.00	<input checked="" type="checkbox"/>
9-1-10	ID# CK# 6143	Ruth Ann Schafbuch 509 Sherman St Dyersburg, IA 52224		75.00	<input checked="" type="checkbox"/>
9-1-10	ID# CK# 9911	Busan Birker 5541 27th Ave Dr Vinton, IA 52349		50.00	<input checked="" type="checkbox"/>
9-1-10	ID# CK# 3032	Bill Selken 1345 71st St Keystone, IA 52249		50.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 650.00	
TOTAL (If last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

Reset Form

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Kapacian for State Senate

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9-1-10	ID# 6067 CK# 5081	Josua Health PAC 1775 90th St West Des Moines IA 50266		\$ 200.00	<input type="checkbox"/>
9-1-10	ID# 1162 CK# 1506	Josua Agribusiness Employees PAC 900 Des Moines St Des Moines IA 50309		250.00	<input type="checkbox"/>
9-1-10	ID# 7240 CK# 9687	Michael Vavroch 1083 71st St Elkhart IA 52025		75.00	<input type="checkbox"/>
9-1-10	ID# 1177 CK# 6160	Grinnell Mutual Reinsurance PAC 4215 Highway 146 Grinnell IA 50112		150.00	<input type="checkbox"/>
9-1-10	ID# 2490 CK# 3864	Community Bankers of Iowa PAC 1603 22nd St Suite 100 West Des Moines IA 50266		250.00	<input type="checkbox"/>
9-1-10	ID# 8028 CK# 2855	Gale Peterson Jr 104 Blackhawk St Rainbeck IA 50669		1,000.00	<input checked="" type="checkbox"/>
9-3-10	ID# 4172 CK# 6004	Monsanto Citizenship Fund 800 N Lindbergh Rd St Louis MO 63167		200.00	<input type="checkbox"/>
9-3-10	ID# 5041 CK# 9796	Cordell Paterson 104 Blackhawk St Rainbeck IA 50669		1,000.00	<input type="checkbox"/>
9-13-10	ID# 1011 CK# 5041	Assoc. Gen. Contractors of IA PAC 701 E Court Ave Des Moines IA 50309		1,000.00	<input type="checkbox"/>
9-13-10	ID# 1011 CK# 1011	Mutual Ins. Assoc of IA PAC 6750 Western Pkwy West Des Moines IA 50266		150.00	<input type="checkbox"/>
SUB-TOTAL				\$4275.00	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN
(including candidate's personal funds)

Reset Form

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)Kapucian for State Senate

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9-20-10	ID# 6162 CK# 1516	Iowa Agribusiness Employees PAC 900 Des Moines St Des Moines, IA 50309		\$ 500.00	<input type="checkbox"/>
9-20-10	ID# 6099 CK# 1062	Meredith Corporation Emp. Fund 1716 Locust St Des Moines, IA 50309		300.00	<input type="checkbox"/>
10-7-10	ID# CK# 10106	John C Bloomhall 272 Haggis Way Marion, IA 52302		3000.00	<input type="checkbox"/>
10-7-10	ID# 6101 CK# 3630	Truck PAC Iowa 717 E Court Ave Des Moines, IA 50309		500.00	<input type="checkbox"/>
10-20-10	ID# 6004 CK# 5093	Assoc. Gen Contractors of IA PAC 101 E Court Des Moines, IA 50309		500.00	<input type="checkbox"/>
10-20-10	ID# 1724 CK# 1531	I.W.D.A. PAC 2400 170th St Charles City, IA 50616		500.00	<input type="checkbox"/>
10-26-10	ID# CK# 4583	Julie Maschhoff 18391 Rest Oak Rd Clerlyle, IL 62231		100.00	<input type="checkbox"/>
10-26-10	ID# CK# 1161	David Moody 58404 200th St Newada, IA 50201		150.00	<input type="checkbox"/>
10-26-10	ID# CK# 2662	Kathleen Weber 3213 Hwy 8 Dysart, IA 52224		100.00	<input type="checkbox"/>
10-26-10	ID# CK# 5815	Char Bronnenman 1551 Larch Ave Washington, IA 52353		50.00	<input type="checkbox"/>
SUB-TOTAL				\$7,700.00	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

Reset Form

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)Kapucian for State Senate**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN, A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

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10-26-10	ID# CK# 20426	Jenene Vittetoe 27504 Quince Ave Washington, IA 52353		\$ 100.00	<input type="checkbox"/>
10-26-10	ID# CK# 928	Eugene Ver Steeg 1819 250th St Iowa, IA 52240		100.00	<input type="checkbox"/>
10-26-10	ID# CK# 2814	Cassidy's PAC One Convenience Blvd Ankeny, IA 50021		250.00	<input type="checkbox"/>
11-24-10	ID# CK# 4033	B.L.E.O. PAC 8800 NW 62nd Ave Johnston, IA 50131		500.00	<input type="checkbox"/>
11-24-10	ID# CK# 1055	Lori Fortuna 559 Woodbury Ave Council Bluffs, IA 51503		100.00	<input type="checkbox"/>
11-24-10	ID# CK# 16269	Bob Rider 5626 22nd Ave Trl Vinton, IA 52349		50.00	<input type="checkbox"/>
11-24-10	ID# CK# 7592	Ronald Kendig 14815 NE White Oak Dr Elkhart, IA 50073		150.00	<input type="checkbox"/>
11-24-10	ID# CK# 3274	Iowans for a Skilled Workforce 855 E Court Ave Des Moines, IA 50309		250.00	<input type="checkbox"/>
11-24-10	ID# CK# 11099	Nancy Richelberger 208 West Depot Wayland, IA 52654		50.00	<input type="checkbox"/>
11-24-10	ID# CK# 162534	Socx Fox Tribe 3149 Maskewiki Road Tama, IA 52339		500.00	<input type="checkbox"/>
SUB-TOTAL				\$2,250.00	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN
(including candidate's personal funds)

Reset Form

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS☐ CHECK THIS BOX IF
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COMMITTEE NAME (Must be same as on Statement of Organization)

Kapucian for State Senate

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12-13-10	ID# 6058 CK# 4808	Iowa Chiropractic Society PAC 100 East Grand Ave Des Moines, IA 50309		\$ 250.00	<input type="checkbox"/>
	ID#				<input type="checkbox"/>
	CK#				<input type="checkbox"/>
	ID#				<input type="checkbox"/>
	CK#				<input type="checkbox"/>
	ID#				<input type="checkbox"/>
	CK#				<input type="checkbox"/>
	ID#				<input type="checkbox"/>
	CK#				<input type="checkbox"/>
	ID#				<input type="checkbox"/>
	CK#				<input type="checkbox"/>
	ID#				<input type="checkbox"/>
	CK#				<input type="checkbox"/>
	ID#				<input type="checkbox"/>
	CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 250.00

TOTAL (if first page of this schedule)

\$ 250.00

Page 8 of 8
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

Reset Form

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Kapucian for State Senate

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
8-31-10	ID# CK#			
9-13-10	ID# CK# 2018	Tim Kapucian 1275 69th St Keystone, IA 52249	Bank service chg Reimbursement for fund raiser expenses	\$ 2.46
10-13-10	ID# CK# 2019	Tim Kapucian 1275 69th St Keystone, IA 52249	Reimbursement for contribution to State Republican Party	562.50
11-30-10	ID# CK#			10,000.00
12-31-10	ID# CK#		Bank service chg	4.71
	ID# CK#		Bank service chg	3.21
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$ 10,572.88

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.4(2)(3)(i).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Kapucian for State Senate

RESET

SCHEDULE

F

(Rev. 02/08)

LOANS
RECEIVED
& REPAY☐ CHECK THIS BOX IF
AMENDING FORMNOTE: This schedule reports money loaned to the committee which is deposited in the committee account.
TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 13,000.00

PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE (if Applicable*)	AMOUNT OF LOAN
			\$

TOTAL (PART I)

\$

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD

(Loans forgiven must be reported on Schedule E - In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE* (if Applicable)	AMOUNT REPAY
8-9-10	Tim Kapucian 1275 64th St Keystone, IA 52249	Self	\$ 5,000.00
10-26-10	Tim Kapucian 1275 64th St Keystone, IA 52249	Self	5,000.00

TOTAL CASH REPAYMENTS (PART II)

\$ 10,000.00

From Schedule E -- TOTAL LOANS FORGIVEN

\$

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD

\$ 3,000.00

*Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column when it applies.

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(for Schedule F)